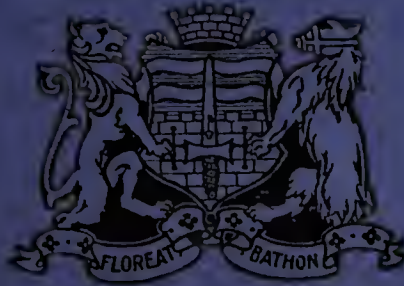


CITY OF BATH



ANNUAL REPORT

OF THE

Medical Officer of Health

AND OF THE

CHIEF SANITARY INSPECTOR

FOR THE YEAR

1925.

JAMES F. BLACKETT, M.D. (Lond.) D.P.H.
Medical Officer of Health.

BATH.
WM. E. KNIGHT, CROWN PRINTING WORKS, 19, GREEN STREET.

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CITY OF BATH.

December, 1925.

Mayor : Alderman CEDRIC CHIVERS.

HEALTH COMMITTEE.

Chairman : Alderman DR. PRESTON KING.

The Mayor.

Aldermen :—

§^oC. Cowley §*W. Dawe §†*P. Jackman, §†*Preston King, M.D.
F. W. Spear.

Councillors :—

§*W. Barrett	A. Ford	§*A. H. Stickler
§†E. Coleman	†A. W. Hazell	§†*E. J. Tiley
§†A. E. Cook	§†*Mrs. Latter-Parsons	§†*T. B. Timmins
§†Mrs. H. Cooke	§*J.W.C. Southwood	§†*T. Vezey
		§†*Ed. White.

*Member of General Purposes sub-Committee.

†Member of Maternity and Child Welfare sub-Committee.

§Member of Statutory Hospital and Tuberculosis sub-Committee.

Chairmen of Sub-Committees :

General Purposes : Councillor T. B. Timmins.

Maternity & Child Welfare : Councillor Mrs. K. E. Latter-Parsons.

Statutory Hospital & Tuberculosis : Alderman W. Dawe.

Co-opted Members—*Maternity Sub-Committee* :

Mrs. Cordiner	Mrs. C. H. Long, J.P.	Mrs. Luker
Mrs. Vernon Knowles	Miss Wilson-Smith	Dr. Wigmore

Statutory Hospital and Tuberculosis sub-Committee :

For questions relating to Venereal Disease

Dr. R. Waterhouse and Mr. J. M. Harper, M.R.C.S., D.P.H.

For questions relating to Tuberculosis—

Mr. G. J. Long and Mr. H. F. Fiddes.

HOUSING COMMITTEE.

Chairman : Alderman C. H. LONG.

The Mayor, Aldermen C. Cowley, W. Dawe, C. H. Long, & A. W. Wills.

Councillors :—

W. Barrett	A. W. Hazell	F. B. Knight
H. A. Biggs	G. E. Hiskens	Mrs. Latter-Parsons
A. E. Cook	G. E. Hughes	W. A. Sheppard
Mrs. H. Cooke	A. A. Hunt	J.W.C. Southwood
S. Day	S. D. Kennard	A. H. Stickler
		T. B. Timmins

Summary of Statistics.

City and County Borough of Bath.

Health Resort and Chief Town of Somerset.

Area of the Borough, 5152 statute acres.

Situation—Latitude $51^{\circ} 23'$ N., Longitude $2^{\circ} 21'$ W.

Elevation—Varies from 50 feet above Sea Level on the lower banks of the Bath

Avon to about 550 feet on the South and 700 feet on the North.

Mean Elevation—269 feet above Sea Level.

Geological Formation—Oolitic Clays; Limestones and Sands; Lias; and Gravel.

Water—Constant Service, Corporation Reservoirs.

Capacity 61,250,000 gallons. Moderately hard, spring water.

Average daily consumption, 1925, 24.6 gallons per head; 5 years, 1921-25, 21.4 Gals.

Sewage disposal almost exclusively by water carriage.

Treated at Saltford.

House refuse removed and cremated by the Sanitary Authority.

Population—1921 Census, 68,300 (adjusted).

Number of Inhabited Houses, Census 1921, 14,642 (i.e., structurally separate dwellings occupied by private families).

Number of families or separate occupiers, Census 1921, 17,645.

Years ...				1925.	1924.	Mean of 1921-25	Mean of 1916-20
Population—estimated for calculation of Birth and							
	Marriage Rates	...	...	69050	69270	68782	68179
	Ditto. Death Rates	...	...	69050	69270	68782	63639
Rainfall (Mean of 60 yrs., 1866 - 1925, 30.82 ins.)				...	...	...	...
	Assessable Value in December	...	...	£ 34.49	37.71	30.16	33.06
	Rateable Value in December	...	...	£ 425525	425443	421804	411090
	Rates—District Rate	...	...	£ 430817	430764	424806	414667
	Poor Rate, etc.	...	...	6/-	5.10	6/1	5/1
	Total per £ ...	...	...	5/10	6/1	6/2	4/7
	One penny Poor Rate produced	...	...	11/10	11/11	12/3	9 8
	„ District Rate produced	...	...	£ 1700	1690	1666	1596
	Total nett indebtedness	...	...	£ 1645	1630	1605	1533
	Ditto. ditto. per person	...	...	£ 687120	703592	660571	567291
		...	...	10. 0 - 2	10. 5 - 0	9. 12. 6	8. 4 - 0
MARRIAGES—Number Registered				...	...	...	...
	Rate per 1000 population	Bath	...	561	559	568	610
	Ditto. England and Wales	...	...	16.2	15.8	15.4	17.9
BIRTHS—Number ..				...	...	...	...
	Rate per 1000 population	Bath	...	15.2	15.3	15.7	16.8
	Ditto. ditto. England and Wales	...	...	970	931	1013	995
	Illegitimate Births per 1000 Infants born,	...	...	14.0	13.2	14.7	14.6
	Bath	...	...	18.3	18.8	20.0	20.1
	DEATHS—Number—Bath residents (Civilians)	...	...	41	61	49	81
	Nett Rate per 1000 population	Bath	...	965	956	926	923
	Corrected rate for age and sex	...	...	14.0	13.5	13.4	14.5
	Death rate	...	...	10.5	10.1	10.0	12.6
	Comparative Mortality Figure	...	...	12.2	12.2	12.2	14.5
	INFANTILE MORTALITY—	...	...	861	828	823	870
	England and Wales	...	...	51	85	62	61
	Illegitimate Infants (Bath)	...	...	75	75	76	91
	DEATHS from Diarrhoea and Enteritis (under 2 yrs.)	...	...	50	140	116	93
	Ditto. Rates per 1000 births	Bath	...	1	3	3	3
	Ditto. Ditto. England and Wales	...	...	1.03	322	3.27	2.84
		...	...	8.4	7.3	9.0	10.83

SUMMARY OF STATISTICS—continued.

	Years	...	1925	1924.	Mean of 1921-25	Mean of 1916-20
PRINCIPAL CAUSES OF DEATH—Civilians only—						
Pulmonary Tuberculosis	47	52	43	57
" Other " Tuberculosis	16	7	12	13
Influenza	41	58	37	46
Pneumonia	39	39	48	60
Bronchitis	68	60	62	75
Cancer	125	119	122	96
Cerebral Hæmorrhage and Hemiplegia	73	63	78	68
Heart Disease	162	158	146	133
Nephritis	33	29	28	28
Senile Decay	70	75	74	87
Seven principal " Zymotic Diseases "	14	11	14	18
DEATH-RATES PER 1000 POPULATION FROM—						
Pulmonary Tuberculosis	0.68	0.74	0.62	0.90
" Other Tuberculosis "	0.23	0.10	0.17	0.20
Seven principal " Zymotic Diseases "	0.20	0.16	0.20	0.29
Influenza	0.59	0.82	0.53	0.73
Pneumonia	0.56	0.55	0.69	0.95
Bronchitis	0.98	0.85	0.90	1.19
Other Dis. of Respiratory Organs	0.07	0.13	0.12	0.20
Cancer	1.81	1.69	1.77	1.52
DEATHS AT VARIOUS AGE PERIODS—						
Under 1 year	49	79	63	59
1 to 5 years	22	9	18	26
Between 5 and 60 years	271	270	253	295
Over 60 years	623	598	592	542
INFECTIOUS DISEASE—Cases notified (Civilians)—						
Diphtheria	46	86	84	81
Scarlet Fever	261	59	113	99
Enteric Fever	2	1	3	5
Erysipelas	18	23	22	29
Ophthalmia Neonatorum	5	14	10	12
Puerperal Fever	3	3	1	2
Pulmonary Tuberculosis	72	63	79	138
" Other " Tuberculosis	14	5	17	25
INFECTIOUS DISEASE—Attack Rates per 1,000 pop.						
Diphtheria	0.67	1.22	1.22	1.29
Scarlet Fever	3.78	0.84	1.63	1.55
Enteric Fever	0.03	0.01	0.04	0.08
Erysipelas	0.26	0.33	0.32	0.46
Puerperal Fever	0.04	0.04	0.02	0.03
Pulmonary Tuberculosis	1.04	0.89	1.15	2.17
" Other " Tuberculosis	0.20	0.07	0.24	0.39
NUMBER OF DEATHS FROM—						
Diphtheria	2	5	2	6
Scarlet Fever	2	—	1	—
Enteric Fever	—	—	—	1
Erysipelas	4	1	1	1
Measles	8	—	4	3
Whooping Cough	1	3	4	5
Puerperal Fever	2	3	1	2
DEATH-RATES PER 1000 POPULATION FROM—						
Diphtheria	0.03	0.07	0.03	0.09
Scarlet Fever	0.03	—	0.01	0.01
Enteric Fever	—	—	0.01	0.01
Erysipelas	0.06	0.01	0.02	0.01
Measles	0.12	—	0.05	0.05
Whooping Cough	0.01	0.04	0.05	0.08
Puerperal Fever	0.03	0.04	0.02	0.03
VACCINATION—Percentage of Infants vaccinated	19*	24	21‡	22

‡ Four years, 1921-24 only. * Jan. to June only.

**To His Worship the Mayor, and to the Aldermen and
Councillors of the City of Bath.**

LADIES AND GENTLEMEN,

One of the statutory duties of every Medical Officer of Health is to make an Annual Report to the Local Authority on "the sanitary circumstances, the sanitary administration, and the vital statistics of the District, containing in addition to any other matters upon which he may consider it desirable to report, such information as may from time to time be required by the Minister" (of Health). Prior to 1921 these reports had not usually differed in character from year to year. In 1921 the Minister suggested that it would be sufficient if a comprehensive report were issued every five years, the intervening ones being rather in the nature of summaries. My Reports for 1921—1924 inclusive have, therefore, been much shorter than the present one, which is intended to be what the Minister describes as a "Survey Report." By this he means that it should not only describe the events of the year, but should give some indication of the progress achieved during the last five years.

An effort has been made to carry out this suggestion in the body of the Report, but I desire also to add here a few brief remarks bearing on the period as a whole, both in regard to Public Health generally and to activities in our own City. Nearly all the points mentioned are referred to in greater detail in subsequent pages.

In looking back over the years 1921—25 it is difficult to avoid the conclusion that in certain respects our standard of living and of social well-being has been lowered, rather than raised. Whether this is so or not, the period has at any rate been one of great economic stress. Under such circumstances it is particularly satisfactory to be able to record definite and important advances in connection with many aspects of Public Health work.

Vital Statistics. During recent years features of great interest in connection with the figures for England and Wales published by the Registrar-General have been a gradual

lessening of the birth-rate, of the death-rate, of the infant mortality, and of the tuberculosis death-rate, but an increase in the death-rate from cancer. The same tendencies are clearly shewn in statistics relating to our own City. It should be pointed out, however, that our death-rate is definitely, and our birth-rate considerably, below that of the country as a whole, and we have now no increase of population due to excess of births over deaths. The precise interpretation of statistics is a complex and a difficult matter, but the statements given above may be taken as indicating a position in regard to the Public Health which, in spite of certain disquieting features, is in most respects full of encouragement. We have already reached a stage which a couple of generations ago would have been thought almost impossible of realisation.

Maternity and Child Welfare. Our work in Bath had already become to some extent standardised by 1920. During the last five years, not only have all the activities going on at the beginning of the period been maintained in full force, but important additions and improvements have been made. It is sufficient here to mention the increasing attention being paid to ante-natal work, the provision made for dealing with crippling defects, the granting of Grade A (Tuberculin Tested) Milk to necessitous mothers and children, and the added administrative efficiency which followed the rearrangements of the medical staff in 1924. A Maternity and Child Welfare scheme has many functions to perform, but it is probable that by far the most important is that concerned with the education both of the public in general and parents in particular in regard to the care of children. This should be the key to future developments.

Food Supply. Hardly any aspect of Public Health work has shewn more gratifying progress recently than that connected with food supply. The full benefit of all the legislation concerned has not yet been felt, but it was during the period under discussion that many far-reaching reforms received the sanction, both of law and of public opinion. The strict limitation of preservatives in food, the increased stringency of meat inspection and of the methods concerned with its sale, the im-

portant developments in regard to milk supply, are examples to illustrate what has been said. In this connection it is of interest to refer to some of the matters where action has been taken locally during 1921—25. These include slaughtering by mechanical killers, Graded Milk for city milk schemes, the formation of a Milk Council, a more efficient system of meat inspection, and the increased powers for controlling the making and storing of food products given by the Bath Corporation Act.

Housing. There are really two problems to be solved in regard to Housing. The first is to ensure that sufficient houses are available for people who are prepared to pay an approximately economic rent for the accommodation they require. Although much yet remains to be done, the City has every reason to congratulate itself on the excellent progress made during the last five years, more particularly in connection with the Englishcombe Park district. The new houses have prevented an enormous amount of domestic discomfort for a large number of citizens.

The second and more serious problem is that of getting rid of slums. This has been the subject of innumerable discussions, but the results which have so far followed have been most disappointing. In terms of brick and mortar as representing better houses for the poorer section of the community the years 1921—25 have little or nothing to show. This, however is not the whole truth, since during that period some of the many schemes which have been considered have taken shape and are now in process of active growth. If and when they mature, they will constitute a large contribution towards solving our problems. The one factor of importance is the building of more new houses at rents within the reach of small wage earners.

Tuberculosis. Local schemes for dealing with tuberculosis have to receive the approval of the Ministry of Health and for the first part of the five years we were unable to add to what we were already doing. Later, however, important developments were sanctioned in connection with the residential treatment of tuberculous children and with orthopaedic cases. During 1925, too, arrangements for treating non-pulmonary tuberculosis

in adults and for using Ultra-Violet Rays were under consideration (they were approved by the Ministry in 1926). Our scheme is now reasonably complete, except that we still lack accommodation for cases of advanced tuberculosis.

Other Infectious Diseases. Taking the years 1921—25 as a whole there has been no abnormal incidence of the ordinary infectious diseases, nor is there evidence of any material diminution. In many parts of the country Small pox has become a serious menace, but fortunately no cases have as yet occurred in Bath. The Statutory Hospital has continued the good work it has done for the City for so many years, but it is to be hoped that the present buildings may shortly be replaced by others more up-to-date and less costly to maintain.

In the huge experiment of democracy to which this country is committed, success is only possible with a community educated both to choose wise leaders and to realise the necessity of exercising personal restraint for the public good. People cannot know unless they are taught and a great opportunity lies before Health Committees of Local Authorities to take part in this most important work of education. Something has been done in the past, but more and more in the future will it be necessary to obtain the active help and co-operation of every member of the community. In this connection I venture to conclude these paragraphs by quoting some recent words of the Chief Medical Officer of the Ministry of Health. Sir George Newman says "that in the past..... other forces than sanitary science in its narrow sense have played a large part in the present condition of the public health..... We shall do wisely to have regard to them in the future. A high standard of health, physique, and mental capacity is indispensable to national efficiency and to the discharge of our imperial and international obligations. There is no public question of more vital importance nor one in which the co-operation of Everyman is more essential. First, he should safeguard his own health and that of those dependent upon him. Any degree of parental neglect is culpable. Secondly, he should use reasonably and fully the facilities provided by his employer and the Local Authority. Thirdly, he should as a good citizen, support the State in the ever-widening interest and responsibility which it takes in the maintenance of the Public Health, and for

which he pays. Lastly, he should seek to increase his knowledge of Nature and of her ways. Whatever other learning he can do without he cannot long survive the continued neglect of her laws. There is no public duty of more consequence than the education of the English people in health."

I have again the pleasant duty of expressing my thanks to the Chairmen and Members of the various Committees concerned with Public Health work for the sympathetic consideration they have always given to suggestions brought before them, and to the whole of the Health Office Staff for the loyal and efficient way in which they have carried on the work of the Department.

I remain Ladies and Gentlemen,

Yours faithfully,

JAMES F. BLACKETT,

Medical Officer of Health.

Bath, *August*, 1926.

PUBLIC HEALTH STAFF, Dec. 1925.

The following particulars are given in accordance with the request of the Ministry of Health.

Name	Qualifications, etc.	Nature of Appointment
Dr. J. F. Blackett	W. * a.	M.O.H. & Supt. Statutory Hospital.
Dr. R. E. Thomas	W. * a.	Deputy M.O.H.
Dr. D. E. Morley,	W. * a.	Assistant Medical Officer.
Dr. O.A.G.Collins	b.	Consulting Medical Officer, Statutory Hosp.
Sir E. H. Cook	P. c.	City Analyst and Inspector of Electric Light and Gas Examiner
Mr. W. A. Craven	W. * d. e.	Chief Sanitary Inspector, Inspector under the Canal Boats Act, Food and Drugs Acts, Shops Acts, and Inspector of Dairies.
Miss H. Arthur	W. f.	Matron Statutory Hospital.
Miss E. Axten	W. * f. h.	Health Visitor.
Mrs. G. Inman	W. * f.g.j.	ditto
Miss I. Nash	W. * f. g.	ditto
Mrs. B. E. Rose	W. * f. i.	ditto (Tuberculosis).
Mr. W. T. Blake	W. d. e.	Asst. Sanitary Inspector
Mr. J. W. Elliott	W. d. e.	do. do.
Mr. S.D. Hawkins	W.	do. do.
Mr. C. J. Pring	W.	Chief Clerk
Miss E.M. Bartlett	W.	Asst. Clerk
Mr. G. E. Alder	W.	do.

W. - Whole Time.

P. - Part Time.

* Contribution to Salary (usually 50%) made by Exchequer Grants.

a. M.D. (Lond.), D.P.H.

b. B.A., B.C., M.R.C.S., L.R.C.P.

c. D.Sc., F.I.C., F.C.S.

d. Certified as Sanitary Inspector.

e. Certified as Meat Inspector.

f. Fully Trained Nurse.

g. Registered Midwife.

h. Certificate of London Obstetrical Society.

i. Ex-Queen's Nurse

j. Certificate of Inc. Society Trained Massenses.

REPORT of the MEDICAL OFFICER OF HEALTH for the City of Bath, for the Year 1925.

NATURAL AND SOCIAL CONDITIONS.

The City of Bath is a County Borough with an area of 5,152 acres and an estimated population of 69,050 at the middle of 1925. Prior to the extension of the boundaries in 1911, the area was 3,382 and the population about 50,000.

Physical Features. The City lies on a bend in the valley of the Avon. It spreads upwards on the surrounding hills, which rise to heights of 500—700 feet, and in one place or another face every direction. The parts near the river are 60 feet above sea level, while half-a-mile outside the boundary on the North a height of 750 feet is attained. In forming the valley the river has exposed in succession bands of upper oolite, fuller's earth, lower oolite, midford sands, and lias clay. Much of the actual bed of the valley has a sub-soil of gravel and alluvium. There is, therefore, a considerable variety in regard to soil, aspect, temperature, and exposure to winds. The average annual rainfall is about 30·82 inches and sunshine 1,550 hours. The mean temperature in winter is about 41° and in summer 59°. A detailed summary of meteorological observations for 1925 is given on page 62.

Social Conditions. Although Bath is to a great extent a residential rather than an industrial City, there are several large works in which engineering, cabinet making, the manufacture of cloth, and other industries are carried on. They probably employ in the aggregate about 10% of the total population. The general conditions appear to be satisfactory as far as the health of the workers is concerned. Of Bath women referred to in the Census returns as being engaged in occupations, a large proportion are, as might be expected, in domestic service,

Vital Statistics. A detailed summary of figures for 1925 and for several previous years is given on pages 4 and 5. It will be seen that the corrected death-rate (10·5 for 1925) is always well below the rate for the country as a whole (12·2 for 1925). On the other hand, the birth-rate is proportionately even lower (Bath 14·0; England and Wales 18·3). We have in fact, reached a point where in spite of our low death-rate the number of births is approximately the same as the number of deaths. The Infant Mortality i.e., the number of deaths under one year for every thousand births, continues to be extremely satisfactory in relation to what it was a generation ago (e.g., 51 in 1925; 126 in 1900).

In considering the vital statistics of Bath, the unusual sex and age distribution of the population when compared with that of the country as a whole must always be kept in mind. The outstanding features of this are the relatively large numbers of women and of old people. As a result we now have a standardising factor of ·747 for correcting the net death-rate, as against ·865 ten years ago.

	Mean of ten years.					Mean of 5 years 1921-1925
	1871-1880	1881-1890	1891-1900	1901-1910	1911-1920	
*Birth-rate ..	25·8	23·6	20·8	19·2	15·3	14·7
*Death-rate (net)	—	19·1	16·8	14·6	14·1	13·4
*Death-rate (standardised)	—	—	—	13·4	12·2	10·0
Infant Mortality	151	138	130	94	69	62
‡Death-rate, 1 to 5 yrs. (Crude)	28·6	20·5	19·8	15·1	9·0	5·8
*Tuberculosis Respiratory System Death-rate.	2·11	1·72	1·38	0·95	0·89	0·62
*"Other" Tuberculosis Death-rate	—	—	0·47†	0·26	0·21	0·17
*Cancer death-rate ..	0·75	1·04	1·20	1·31	1·42	1·77

* "Rate" - number per 1,000 total population.

‡ "Rate" - number per 1,000 living, aged 1-5 years only.

† 5 years 1896-1900.

Poor Law Relief. For Poor Law administration the City is included in the Bath Union, of which both as regards population and assessable value it forms rather more than four-fifths. I am indebted to the Clerk to the Guardians for the following figures which are of much interest. During the last week in June, 1925, domiciliary relief was given in 646 cases, representing 1,314 persons, at a cost of about £383. The corresponding figures for the last week in December were 545 cases, representing 1,451 persons, at a cost of £422. The number of boarded-out children at any one time during the year was about 50 and the cost about £27 per week. The number of beds available at the Guardians' Institution at Frome Road House is 655, the average number of inmates during the year ending 31st March, 1925, being 416.

Hospital and Other Forms of Gratuitous Medical Relief. The following figures which I have obtained from the institutions concerned indicate the use made of those medical services which are provided largely by voluntary contributions. It should be added, however, that in recent years much hospital treatment has ceased to be entirely gratuitous. The figures do not refer to cases treated under the City Council's schemes, nor by the Guardians. They include, of course, many patients who live outside the City.

	Number of beds	Number of persons treated at institution during 1925 as	
		In-patients.	Out-patients.
Royal Mineral Water Hospital	136	1158	--
Royal United Hospital	140	2491	6032
Ear, Nose & Throat Hospital	50	429	1173
Eye Infirmary	21	193	2661
Bath Homœopathic Hospital	—	62	372
Eastern Dispensary	—	—	1115
Western Dispensary	—	—	676
Southern Dispensary	—	—	776

Sickness and Invalidity. Apart from an epidemic of Scarlet Fever in the late autumn, there has been nothing specially noteworthy in regard to the causes of sickness and invalidity in the area during 1925.

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

HOSPITALS.

1. Royal Mineral Water Hospital. 136 beds. For "gratuitously extending to the poor of the United Kingdom the benefits which the hot springs of the City afford" in rheumatic and other affections.

2. Royal United Hospital. 140 beds. This is a general hospital, which serves not only Bath, but a district many miles round.

3. Bath Pensions Hospital. Under the control of the Ministry of Pensions.

4. Bath Homoeopathic Hospital, Lansdown Grove.

5. Bath Ear, Nose and Throat Hospital, 27 and 28, Marlborough Buildings, 50 beds.

6. Bath Eye Infirmary, 1 and 2, Belvedere, 21 beds.

7. Bath Homoeopathic Hospital, 4, Green Park.

8. Children's Orthopaedic Hospital, Combe Park, 72 beds, most of which are occupied by children sent by public authorities. Associated with it are numerous Care Centres in the surrounding area.

9. The Eastern, the Western, and the Southern Dispensaries afford out-patient assistance to patients living in the district. If necessary the medical officers also visit at the patients' own homes.

10. The Guardians' Institution at Frome Road House.

The above (except the last) are voluntary hospitals.

Payment is made (a) by the Education Authority to (2) and (5) for the treatment of ear, nose and throat diseases, to (6) for certain cases of eye diseases, and to (8) for non-tuberculous

cripples of school age ; (b) by the Health (Hospital) sub-Committee to (8) for tuberculous cripples and to (2) for the venereal diseases Clinic ; and (c) by the Health (Maternity and Child Welfare) sub-Committee to (8) for non-tuberculous cripples below school age. Except in this way these institutions do not usually receive any direct financial assistance from the City Council.

To these must be added another list of institutions grouped to shew the facilities available for certain types of disability in connection with which the Council has accepted financial responsibility.

Tuberculosis. Winsley Sanatorium. 14 beds allocated for City patients. See pages 40 & 41.

Children's Orthopaedic Hospital, Combe Park. See above and pages 40 and 49.

A few beds are also available for children at other approved institutions. See page 40.

Maternity. Rivers Street Maternity Home, 5 beds. See page 46.

Children. Children's Orthopaedic Hospital, Combe Park, See above and pages 40 and 49.

Royal United Hospital. See above.

Ear, Nose and Throat Hospital. See above.

Eye Infirmary. See above.

Fever. Statutory Fever Hospital. See page 35.

Small Pox. There is no special hospital. Cases would have to be nursed at the Statutory Fever Hospital.

Institutional Treatment for Unmarried Mothers may be provided at the Bath Vigilance & Rescue Association's Home, 12 Walcot Parade, and at the Salvation Army Home for Women and Girls, 3, Abbey Street.

Ambulance Facilities. (a) Infectious Cases. Two horse ambulances are owned by the City for use in cases of infectious disease. (b) Non-infectious and accident cases. The Fire Brigade and the St. John Ambulance Association each have a motor ambulance which is available for ordinary cases at reasonable charges.

CLINICS AND TREATMENT CENTRES.

DAYS AND TIMES OF ATTENDANCE.

	See also page	Monday	Tuesday	Wed'day	Thursday	Friday	Saturday
<u>Infant Welfare</u> Centres :—							
Rosewell House	48		2.30—4			2.30—4	
Walcot ..	48				2.30—4		
Oldfield Park ..	48			2.30—4			
<u>Ante-Natal Clinic</u> ..	43	2.30—4					
<u>Tuberculosis Dispensary</u>	40	10—5				2.30—8	
<u>Venereal Diseases</u>							
Clinic—Men ..	37					5—6.30	5—6.30
Women ..	37		5—6.30				
<u>School Clinics—</u>							
Inspection .. ..	..	2—4.30	2—4.30		2—4.30	2—4.30	10—12
Eye .. ..	..				10.30 3.45		
Dental .. ..	..	2.30	10	2.30	2.30	10	
Ear, Nose & Throat :							
Rosewell House ..	..	9.30	9.30	9.30	9.30	9.30	9.30
Royal United Hos.	..				2.30		
Ear, Nose & T. Hos	..				9.30		
Minor Ailments Cli'c		2—4.30	2—4.30	2—4.30	2—4.30	2—4.30	9.30—11
Orthopædic :—							
Rosewell House ..	..			2.30—4			
Royal United Hos.	..	Daily by appointment.					
	..						

Day Nurseries. None in Bath.

Public Health Officers of the Local Authority. See page 11.

Professional Nursing in the Home. In connection with midwifery this is undertaken by the City Midwives (see page 45). The services of the District Nurses are fortunately available when necessary in cases of Ophthalmia Neonatorum. Patients suffering from Cancer may have nursing facilities provided at the cost of the Council. Except as above no arrangements are made by the Health Committee for nursing cases of ordinary sickness or of infectious diseases in the home.

The Bath District Nursing Institute, which is affiliated to the Queen Victoria Jubilee Institute for Nurses, was founded in 1886 to provide skilled nursing for the sick poor in their own homes, and carries on very valuable work of this kind. It is supported by voluntary contributions. During the year ending 31st March, 1926, 5 Nurses paid 21,527 visits to 697 patients.

Midwives. The Council is entirely responsible financially for four District Midwives and also for those working at the City Maternity Home at Rivers Street. No subsidy is given to any others. The total number of midwives practising in the area during 1925 was 22. For an account of their work reference should be made to page 44.

BLIND PERSONS.

The Blind Persons Act, 1920, is administered by the City Council through the Health Committee. In accordance with a scheme approved by the Ministry of Health, however, the actual arrangements are carried out by the Bath Society for the Blind, on whose Committee representatives of the City Council and other bodies interested in the welfare of the blind are appointed. Any deficit on the year's working is paid by the Council. The work of the Society consists in investigating applications for and, in suitable cases, awarding, pensions; teaching the blind, either at home, or in a workshop established for the purpose; and generally in safeguarding the interests of blind persons. In connection with teaching, there is a whole-time visitor and a grant of £78 per annum is paid by the Ministry of Health to the Society towards the payment of his salary. There is no residential institution in

the City, but suitable cases may be sent away for training. The number of blind persons known to exist in the City is 168, and there are 17 "watching" cases, i.e., persons threatened with loss of sight.

LEGISLATION IN FORCE.

In addition to legislation which affects Bath in common with other areas the following special powers relating to the Public Health are also available.—

1. Acts which have been adopted by the Council :—

The Infectious Disease (Prevention) Act, 1890.
The Public Health Acts Amendment Act, 1890.
The Baths and Washhouses Acts.
The Private Street Works Act 1892.

The Public Health Acts Amendment Act, 1907,
except Sections 23, 78, 81, 82, 83, & 91 and
subject to certain modifications of Sections
25, 27, 30, 35, 38, 59 & 75.

2. Special Act :—

Bath Corporation Act, 1925. This consists of 12
Parts with 254 Sections and came into force
on 7th August, 1925.

Part I. Preliminary ; Part II. Street Works and
Lands ; Part III. Purchase Maintenance and
Management by Corporation of Bridges over
River Avon ; Part IV. Water Supply ; Part
V. Electricity ; Part VI. Public Baths Parks
and Recreation Grounds ; Part VII. Streets
Buildings Sewers and Drains ; Part VIII.
Infectious Disease and Sanitary Matters ;
Part IX. Maternity Homes ; Part X. Hackney
Carriages and Police ; Part XI. Rating ; Part
XII. Financial and Miscellaneous.

The Sections in Part VIII. are as follows :—

153. Power to close Sunday schools and
exclude children from entertain-
ments.

154. Restriction on attendance of children at Sunday schools and places of assembly when infectious disease prevails.
155. Extended meaning of "infectious disease" for certain purposes
156. Power to compensate persons for ceasing employment to prevent spread of disease.
157. Penalty on withholding information from medical officer.
158. Removal of Persons suffering from pulmonary tuberculosis to hospital.
159. Disinfection in cases of tuberculosis.
160. Prohibition of blowing or inflating carcasses.
161. Sanitary regulations for premises used for sale &c. of food for human consumption.
162. Public notice to be given of foregoing provisions of this part of Act.
163. Provision of public slaughter-houses and prohibition of private slaughter-houses thereafter.
164. Power to close slaughter-houses if injurious to public health.
165. As to filthy premises.
166. Houses infested with vermin to be cleansed.
167. Cleansing of verminous persons.
168. Cleansing of children and their clothing.
169. Defining establishment of a new business for the purposes of section 112 of Public Health Act 1875.
170. Discontinuance of offensive trade,

171. Power to order alteration of chimneys.

172. Regulation dustbins.

Part IX deals exclusively with the Registration of Maternity Homes.

3. Bye-Laws :—

Level, Width, &c., of New Streets and Sewerage thereof, 1868.

Common Lodging Houses, 1887.

Offensive Trades, 1887.

Prevention of waste, mis-use, or contamination of water, 1890.

Nuisances, 1891.

Hackney Carriages, 1896.

Slaughterhouses, 1899.

Houses Let in Lodgings, or occupied by members of more than one family, 1900.

Dairies, Cowsheds, and Milk Shops, 1900.

Tents, Vans, Sheds, and similar structures, 1900.

New Streets and Buildings and Alteration of Buildings, 1903.

Good Rule and Government and Prevention of Nuisances, 1904.

Common Lodging Houses, 1914.

Employment of Children, 1920.

SANITARY CIRCUMSTANCES OF THE AREA.

WATER SUPPLY.

Bath has an excellent supply of pure water from springs which flow out at two geological levels. The water of the upper series collects on the clay of the Fuller's Earth, which separates the Great and the Inferior Oolite. The lower springs issue from the Midford Sands between the base of the Inferior Oolite and the Lias. The former and more superficial respond more quickly to change in the rainfall than the deep springs.

For many years prior to 1921 the supply had been reasonably adequate for all the needs of the City. As a result of the prolonged drought during the summer of that year, however, it became clear that fresh sources must be found if the risk of shortage during abnormally dry seasons were to be avoided. Many new springs are now available and the recurrence of serious shortage is extremely improbable.

An important extension took place during 1925 when the the new Lansdown Tank was completed. This is situated close to Beckett's Tower. It has a capacity of 100,000 gallons and is raised 55 feet from the ground which, at this part, is 750 feet above sea level. The height is sufficient to enable water to be provided for any houses which can be built on Lansdown. It is supplied by means of two electrically driven Plurovane High Lift Turbine Pumps, each capable of delivering 20,000 gallons per hour through special mains from the Charlcombe Pumping Station.

Water intended for the City is stored in a series of reservoirs owned by the Corporation and reaches the lower levels by gravitation. By arrangement with the Corporation, houses on the hills to the south and west of the City get a high level supply of similar natural origin from the Combe Down Waterworks Company.

<u>City Reservoirs.</u>	<u>Capacity.</u>
Monkswood ..	51,000,000
Batheaston ..	9,250,000
Bathwick } ..	500,000
Charlcombe }	
Lansdown }	
Oakford ..	500,000

A very large majority of the houses in the City get their water in the way described above. There are, however, three or four privately owned springs from each of which small groups of houses are supplied. In a few cases, more particularly on Odd Down, water is obtained direct from wells.

The purity of the public supply, both chemical and bacteriological, is extremely satisfactory. A recent and typical examination included the results given below. Careful watch is

kept on the private springs and wells and the necessary action taken to ensure their suitability for drinking purposes. Analyses always shew the absence of lead. The daily consumption per head during 1925 was 24·6 gallons. Result of Analysis, April, 1925 :—

Saline Ammonia ..	..	·0003 grains per gallon.
Albuminoid Ammonia ..	..	·0011 " " "
Nitrites ..	..	absent.
Chlorine as Chloride ..	..	1·0 " " "
Hardness ..	..	21·0 " " "
Poisonous Metals ..	..	absent.
Sediment ..	..	none
Bacillus Coli ..	..	absent from 100 C.C.
Streptococcus ..	..	absent.
Bacillus Enteritidis Sporogenes,		absent.

RIVERS AND STREAMS.

It has not been necessary to take any action during the year (nor for several years) with regard to pollution.

DRAINAGE AND SEWERAGE.

Nearly the whole of the sewage of the City is dealt with by a combined water-carriage system, which in the first place conveys it to the Pumping Station at Twerton. From here it passes through a 30" main for a distance of over five miles to the Sewage Disposal Works at Saltford—partly by gravitation from a high level system of sewers by way of a tower at the Station, but mainly as a result of direct pumping action. A description of these works was given in the 1919 Report. It need only be added that improved methods of dealing with sludge have since been employed in order to make the system more efficient.

Closet Accommodation. In some of the outlying parts a certain number of earth closets still remain, and there are a few premises where cesspools are in use. Where the cesspool is sufficiently accessible it is cleared out periodically by the City by means of vacuum pipes. Earth closets are kept in order by the owners or tenants. In scarcely any instance is it practicable to connect up these premises with the City system.

Generally speaking, however, an adequate system of water closets is in use in the whole area. There were 26 conversions during 1925.

Scavenging. Arrangements are made to collect refuse once a week from every house in the City, generally by means of covered electric vehicles. It is then conveyed to the Destructor Works in the Upper Bristol Road and burnt.

I am of opinion that the time has come when the Council should enforce the use of portable covered metal dustbins. At present any and every sort of receptacle is employed and much avoidable inconvenience is caused. This matter is in the hands of the Surveying Committee and it is understood that careful consideration is being given to the City Engineer's scheme to deal with it.

SMOKE ABATEMENT.

Although this problem may be one of rather less urgency in Bath than in some industrial towns, it is in no sense one which we can afford to neglect. There are tall chimneys in our own City which can be seen periodically to belch forth volumes of dense smoke—and amongst the owners of such chimneys the Council itself must be included. With the devices of modern science now available, this could be and ought to be avoided. At the same time it is desirable to point out that these are not the only offenders. There is no doubt that the innumerable small domestic chimneys form a large, and possibly a preponderating factor in the pollution of our atmosphere which is more serious than most people realise. The vital importance of a smoke-free air is becoming more and more obvious as the result of recent research and increased consideration should be given to the subject in the immediate future.

Premises and Occupations controlled by Bye-Laws and Regulations.

(a) *Offensive Trades.* There is one Gut Scraper, one 'Tripe Boiler, and one Knacker's Yard in the City. The premises in each case are kept under careful observation and no nuisances are caused. See also Chief Inspector's Report, page 53.

(b) *Houses Let in Lodgings.* At the present time there are comparatively few of these coming within the rent limits laid down in the Bye-Laws. Such action as may be necessary is taken as occasion arises.

(c) *Common Lodging Houses.* There are four of these registered in the City, all in Avon Street. They are chiefly used by hawkers, casuals and so forth, and comply with the Bye-laws. Frequent inspections are made. See also Chief Inspector's Report, page 55.

(d) *Underground Sleeping Rooms.* Comparatively few of these exist. It is not considered necessary to ask for regulations under the Housing Act, since sufficient powers are available for our purpose under the Public Health Acts.

(e) *Tents, Vans, Sheds, and Similar Structures.* Bye-laws have been made, but it is only on rare occasions that they are needed. It is of great importance, however, to have the powers which they confer.

HOUSING.

Bath has a population which is nearly stationary and before the war the number of houses seems to have been reasonably adequate. At the present time there is a very real shortage which, though shared by all classes of the community, falls particularly harshly on some. The great need is for more houses not too far from the centre of the town, of a type suitable for the small wage earner. Until and unless these are provided no real solution is possible in regard to that part of the housing question which is concerned with slums.

The large majority of Bath houses are well built and satisfactory, but the structural condition of many of the others is deplorable. Not only is this so, but families are often crowded into a house, and houses on an area, in a way which is most undesirable. Gross over-crowding of single rooms, however, is relatively uncommon. The City is remarkable for the large number of old people it contains and it might well be known also for the excessive number of old houses. But while nature takes its toll of human life, houses too often continue to exist long after they are thoroughly worn out and fit for nothing but demolition. This

legacy of ancient houses, incapable of being made fit without virtual rebuilding, is one of our great difficulties. Moreover, when houses are demolished, it is generally out of the question to erect anything like so many on the same site. Another grave hindrance in dealing with slums is our inability to turn tenants out of unfit houses unless alternative accommodation is available, which it very seldom is.

It is now possible to say that as a result of the quiet, steady, work of the last few years most of the houses which were capable of improvement have at least been brought up to a standard of minimum efficiency, having regard to what it is reasonable to ask an owner to spend on his property. To demand too great an outlay is often either to invite closure, or to tie our hands in respect of future developments. With so much borderline property however, constant vigilance is required and a great deal of the Inspectors' time is taken up in visiting and advising tenants and owners in regard to the repairs which become necessary. Formal notices under the Public Health Acts cover only a small part of the actual work done as a result of inspection.

Little further progress is possible until more houses of the type requisite are built. I have urged this repeatedly and it is well known to most of the Council and to others conversant with the situation. Perhaps the real reason why the houses are not available is that in spite of a general idea to the contrary, there is no strong body of public opinion behind the local authority. The nation as a whole does not really desire improvement—at least it does not desire it in the only effective sense of being willing to pay for it as other things clearly considered to be of more importance are paid for. I am not speaking particularly of our own City, nor am I attempting to criticize or blame. The simple fact appears to me to be that there is a quite inadequate realisation of the fundamental issues involved in the housing question, and of their relative importance as factors in our social well-being. The remedy is continuous effort on the part of those directly concerned and an attitude on the part of the community which is more enlightened and in certain respects less selfish,

SPECIAL AREAS.

An official representation of the Dolmeads and Southgate Place area was made by me in May, 1924. A reference to the Council Minutes will show that further enquiries and investigations were made from time to time during 1925, but that unfortunately no scheme for reconstruction had been sanctioned.

Provisions in the Bath Corporation Act, 1925, made primarily in connection with street improvements, will have the effect of clearing a large proportion of the slum property in the central parts of the City. For the present, therefore, it is not necessary to consider reconstruction schemes in the districts concerned.

As soon as practicable, attention should be given to the Oak Street and Wood Street area in the Lower Bristol Road, the parts between the main road and the river below Hedgemoor Park, the Snow Hill houses, and certain parts of Twerton village.

Undesirable areas exist elsewhere, but if all those mentioned above were satisfactorily dealt with the slum problem in Bath would be nearly solved.

HOUSING STATISTICS.

Number of new houses erected during the year :—

(a) Total	..	..	..	..	102
(b) With State assistance under the Housing Acts.					
(i) By the Local Authority	..	..	..	..	48
(ii) By other bodies or persons	..	..	..	..	29

1. *Unfit Dwelling Houses.* Inspection :—

(1) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	..	..	..	..	3694
(2) Number of dwelling-houses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910 or the Housing consolidated Regulations, 1925	..	..	..	..	62
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	..	..	..	..	18

(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-heading), found not to be in all respects reasonably fit for human habitation	317
2. <i>Remedy of Defects without Service of Formal Notice.</i>	
Number of Defective Dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers	34
(The figure refers only to houses where extensive repairs were carried out.)	
3. <i>Action under Statutory Powers.</i>	
A. Proceedings under section 3 of the Housing Act, 1925.	
No action was taken under this section during 1925.	
B. Proceedings under the Public Health Acts.	
(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	299
(2) Number of dwelling-houses in which defects were remedied after service of formal notices :—	
(a) by Owners	299
(b) by Local Authority in default of owners ..	Nil
C. Proceedings under sections 11, 14 and 15 of the Housing Act, 1925.	
(1) Number of representations made with a view to the making of Closing Orders	4
(2) Number of dwelling-houses in respect of which Closing Orders were made	4
(3) Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit	Nil
(4) Number of dwelling-houses in respect of which Demolition Orders were made	Nil
(5) Number of dwelling-houses demolished in pursuance of Demolition Orders	Nil

INSPECTION AND SUPERVISION OF FOOD. MILK.

It cannot be said that the milk supply in any community in this country is satisfactory, since neither producer, retailer, nor consumer, has yet adopted all those improvements in method which public opinion will certainly demand in a few years' time. Subject

to this general qualification, however, it may be said that most of the milk sold in Bath is of excellent quality. The Health Department has little direct control over the actual production, since this takes place to a large extent outside the City, but the dairy-men exercise considerable discretion in choosing the farms from which they obtain their supplies. The Inspectors keep in very close touch with the premises, and watch carefully the methods adopted within the area, with a view of ensuring that the provisions of the various Acts and Orders are efficiently carried out.

It is satisfactory to be able to report that there is an increasing demand for milk supplied in accordance with the requirements of the Milk (Special Designations) Order of 1923. Such milk has to conform to standards of cleanliness which are considerably higher than those able to be enforced in the case of the ordinary product. "Certified milk" is bottled on the farm and is rather expensive. "Grade A (tuberculin tested)" is bottled by the retailer under controlled conditions and is sold at about 1½d. per quart more than the usual price. All milk should ultimately be made to reach a standard which is not lower than that of "Grade A."

Five licences were granted for the sale of Certified, and two for the sale of Grade A (tuberculin tested) milk during 1925. None were refused or withdrawn. No applications were received in respect of Pasteurised Milk.

MEAT.

Important changes in connection with the inspection and sale of meat took place during 1925 as a result of the new Meat Regulations which came into force on April 1st. A considerable amount of extra work was involved during the first few months and there has been a permanent increase in the duties of the department. Certain re-arrangements, however, have made it possible to manage for the present without additional staff. The Regulations not only require a more stringent and very complete inspection of all meat intended for human consumption, but help to control more effectively the conditions under which it is offered for sale. There is little doubt that they will have far reaching effects for good, though further experience will probably show the need for strengthening them in certain respects. A study of the figures given by the chief Inspector (pages 55 & 58) will give some

indication of what has actually been done in Bath.

All condemned meat is taken to the Destructor and burnt.

There is no public slaughterhouse in Bath, but the question of a Municipal Abattoir is one which is likely to come up for consideration before long.

There are now 18 Registered and 3 Licenced slaughterhouses in the City. (See also page 55).

There are no stalls for the sale of meat in the City, and in most shops reasonable precautions are taken to prevent contamination from dust and flies. In certain cases, however, exposure due to open shop-fronts is an unsatisfactory feature, in connection with which further action will be necessary.

Other Foods. As far as is known no severe illness due to food poisoning occurred in the City. A consignment of American apples was found to contain minute quantities of arsenic but no harmful effects were traced to it. Appropriate action was taken to deal with the situation.

Although samples were examined, no action was necessary under the Public Health (Condensed Milk) or the Public Health (Dried Milk) Regulations of 1923.

Bakehouses are inspected regularly and generally speaking are quite satisfactory.

Important new powers to deal with the manufacture and storage of all food stuffs are contained in the Bath Corporation Act, 1925 (Section 161).

INFECTIOUS DISEASES.

An analysis of notifications received and cases removed to hospital during 1925 in relation to the age and sex of the patients is given on page 59. On page 5, notifications, attack-rates, deaths and death-rates, of the principal diseases are summarised and the figures compared with similar ones for previous years. The most noteworthy features in 1925 were a widespread epidemic of Measles, a considerable increase in the number of cases of Scarlet Fever, and the relatively small amount of Diphtheria. Further notes on these and other infectious diseases are given below, together with a complete list of diseases which are compulsorily notifiable in this area.

Diphtheria. The attack-rate was the lowest for many years and little more than half the average for the last ten years. Under these circumstances it has not seemed opportune, or indeed necessary, either to use the Schick Test for the detection of susceptible individuals or to take steps for artificial immunisation. The latter question is, however, under consideration in connection with the staff at the Statutory Hospital.

Antitoxin is always available at the Health Office for use by private practitioners and is supplied free of charge in suitable cases. 40,000 units in all were distributed during 1925.

Free use is made of bacteriological aid in discovering contacts and the necessary following-up is carried out. Contacts attending elementary schools are only readmitted after a negative swab has been obtained. See also page 35.

Scarlet Fever. There were 261 cases notified during 1925. Except in 1914 this number has not been exceeded in recent years. No one district was specially affected, but the incidence was greatest during the fourth quarter and particularly between the middle of October and the end of November. For some time the type of disease was rather severe, but only two deaths occurred. The 261 cases involved not more than 211 buildings. 204, or 78 per cent., were removed to Hospital.

Serum and vaccine injections have not been employed for diagnosis or treatment.

Enteric or Typhoid Fever. Two cases only were notified and both recovered. One was supposed to have contracted the disease abroad and in the other the diagnosis was not confirmed by a Widal Test.

Puerperal Fever. Three cases were notified. One of these died in Hospital. A second Bath resident was certified as having died of the disease outside the district. See also page 50.

Small Pox. The number of cases notified in England and Wales during 1925 was 5,355. (In 1924 it was 3,792 and in 1923, 2,473.) Fortunately we have retained our long immunity for another year, and no cases were known to have occurred in Bath.

Vaccination. No vaccinations were performed by the Medical Officer of Health under the Public Health (Small-pox Prevention) Regulations, 1917.

Ophthalmia Neonatorum. (Inflammation of the eyes in the new born).
The number of cases (5) was much below the average. In one of them, where as it happened every precaution which could be thought of was taken from the beginning, the infection was so severe that permanent injury to the sight of both eyes unfortunately resulted. Notwithstanding this, the first instance of its kind for several years, it is reasonable to suggest that a large part of the total cost of Maternity and Child Welfare services is justified on economic grounds by the preventive measures we are now able to exercise in connection with this disease alone.

Erysipelas. Eighteen cases were notified.

Encephalitis Lethargica. Occasional cases of this serious disease continue to occur and there were seven notifications during 1925. Three of the patients died. The importance which Encephalitis Lethargica might occasion if it became epidemic is shewn by the results of an enquiry we made at the suggestion of the Board of Education of all children known to have suffered from it. Of the nine patients under 16 notified since January, 1919, four were dead ; in two there was definite impairment of the nervous system and the mental faculties ; and in one, minor defects of the same kind. Only two had completely recovered. Fortunately there is no indication of any material increase in the number of cases.

Measles. The widespread epidemic of this disease amongst children which every area has reason to expect at intervals of a few years occurred during the autumn and winter. The mortality was relatively small. A more detailed description is given in my School Medical Report.

Pneumonia, Malaria, Dysentery, and Trench Fever were made notifiable under Regulations dated 1919. No notifications were received during 1925 except in regard to Pneumonia and it has not yet been found possible to take effective action in connection with that disease.

Influenza. There was little evidence of the return of this disease in severe epidemic form and no special measures had to be taken to deal with it.

Cancer. It is convenient to make some reference to Cancer in this Section. As the result of suggestions made in 1924, the Council appointed a Special Committee "to enquire concerning the prevalence of cancer in the City, the facilities for treatment of the disease, and the steps which might usefully be taken to help cancer sufferers." The Committee presented a report dated 21st September, 1925, which is printed in full in the Council Minutes (1925. pages 751—754). The chief conclusions were as follows.—

1. If due allowance is made for age and sex distribution of the population, cancer is not more prevalent in Bath than in England and Wales as a whole. (See also my Annual Report for 1922, page 9).

2. Judicious propaganda work is of great importance and should receive more attention. It is probably most effective in connection with a general effort to create a wider interest in public health. At present a large amount of unnecessary suffering and a definite increase in mortality results from the failure of the public to appreciate the fundamental importance of early diagnosis and immediate operative treatment of a disease which, in its initial stages, is a purely local one.

3. The time is not yet ripe for compulsory notification.

4. In view of other facilities available, the cost of establishing a special home in Bath for the treatment of incurable cases would be far too high in relation to the good likely to be effected.

5. The Medical Officer of Health should be empowered to arrange in suitable cases for extra nursing assistance at home, extra domestic help, and if necessary for admission to special hospitals.

The report was accepted by the Council, and a scheme for carrying out some of the recommendations was being prepared at the end of the year.

Tuberculosis. See page 38.

Venereal Diseases. See page 37.

LIST OF NOTIFIABLE DISEASES.

Scarlet Fever.	Plague.
Diphtheria & Membranous	Cholera.
Croup.	Typhus Fever.
Typhoid (Enteric and Para-	Relapsing Fever.
Typhoid Fever.)	Continued Fever.
Puerperal Fever.	Malaria.
Erysipelas.	Dysentery.
Smallpox.	Trench Fever.
Ophthalmia Neonatorum.	Cerebro-Spinal Fever.
Acute Primary Pneumonia.	Acute Poliomyelitis.
Acute Influenzal Pneu-	Acute Encephalitis
monia.	Lethargica.
Pulmonary Tuberculosis.	Acute Polio-
Other Forms of Tuberculosis.	Encephalitis.

Disinfection of rooms occupied by patients suffering from Scarlet Fever and Diphtheria is carried out as soon as the patient is removed to Hospital, or is stated by the doctor to have recovered. Routine disinfection is also undertaken in connection with tuberculosis. Formalin spray is the agent used, but the occasion is taken to impress upon all concerned the necessity for thoroughly cleaning the room and every article in it at the same time.

Arrangements can always be made for disinfection of rooms and the sterilisation by steam of clothing and other articles in the case of other diseases where this is desired. Requests for this to be done are frequent.

Every facility for the disinfection of persons and clothing infested with vermin is provided at the Disinfecting Station at the Destructor Works, including hot baths, dressing room and so forth, but except for school children comparatively little use is now made of the Station. It is of great importance, however, that it should be available in case of need.

LABORATORY WORK.

The City undertakes the following pathological examinations free of charge for private practitioners :—(a) Diphtheria

Swabs, (b) Blood in suspected Typhoid, (c) Sputum for Tubercle Bacillus, and (d) Blood specimens and slides in suspected Venereal Disease.

A considerable number of investigations are made in connection with the Statutory Hospital and the School Clinic.

Pathological Examinations. The following table indicates the nature and extent of the examinations made during 1925 and also the places where they were undertaken :—

Examinations for	Positive.	Negative.	Total.
<i>b.</i> Diphtheria Bacillus ..	62 ..	839 ..	901
<i>b.</i> do. Virulence ..	2 ..	— ..	2
<i>ab.</i> Gonococcus ..	..	..	40
<i>b.</i> Spirochetes ..	— ..	— ..	
<i>a.</i> Wassermann Reaction ..	..	..	75
<i>b.</i> Widal Typhoid Reaction ..	1 ..	4 ..	5
<i>c.</i> Tubercle Bacillus ..	..	..	*
<i>d.</i> Ringworm Fungus ..	..	..	*

a. Bristol University Pathological Department.

b. Bath Central Laboratory.

c. Somerset County Laboratory.

d. School Clinic.

* Exact numbers not available. In the case of tubercle, sputum from all new cases at the dispensary is examined as far as possible, and 59 examinations were made at the request of private practitioners.

STATUTORY FEVER HOSPITAL.

This Hospital is situated on Claverton Down about a mile from the Combe Down tram terminus. It consists of three large wooden blocks for patients, an administration block, a small discharge block, and a laundry. The grounds are eight acres in extent and the site was first used for its present purpose in 1876. As time goes on it becomes increasingly expensive to keep these "temporary" wooden structures in good repair. After careful consideration, therefore, the Council has now decided to make the necessary arrangements for replacing them by permanent and more up-to-date buildings.

Although the air space available would not be satisfactory, about 70 patients can be accommodated in case of need, including a certain number of patients in separate wards. Scarlet Fever and Diphtheria are the main diseases treated, but when necessary it is possible to admit, and satisfactorily to isolate, Enteric, Cerebro-spinal Fever, Small-pox, or other infections.

The Medical Officer of Health acts as Medical Superintendent and is also responsible for the treatment of the patients.

Infectious cases from the Bath Rural District and from the Guardians are admitted for treatment at charges agreed upon between the Authorities concerned.

Hospital Statistics, January 1st to December 31st, 1925.

Cases admitted as			Number.		Deaths		Mortality.
			City.	Rural.	City.	Rural.	Rate.
Diphtheria	..	..	42	8	..	..	..
Scarlet Fever		..	208	19	3	..	1·3
Erysipelas	..	..	1	..	..	..	..
Chicken-pox	..	..	1	..	..	..	..
Encephalitis Lethargica			..	1	..	1	
Others	..	..	1	..	1	..	
Diagnosis—							
Changed from Scarlet Fever to Measles						5	
,, ,, Diphtheria to Scarlet Fever						1	
Not confirmed or doubtful—Scarlet Fever						6	
Diphtheria						6	
Infected with second disease—							
Measles						..	1*
Chicken-pox							1*
Diphtheria							1 (mild attack).
Erysipelas							2

*Known to have been contracted before admission.

One patient was admitted twice during the year—once with Scarlet Fever and once with Diphtheria.

Average daily number of patients for year, 30·6

Highest daily average for any one month, 56 in November.

Lowest daily average for any one month, 15 in March.

VENEREAL DISEASES.

Under the Council's scheme provision is made for free treatment at the Royal United Hospital. Three Clinics are held each week from 5 to 6.30 p.m., on Tuesdays for women, and on Fridays and Saturdays for men. Treatment can also be obtained at any other time, night or day, if necessary. The cases dealt with are mainly those from Bath and from the neighbouring parts of Somerset and Wilts. The Hospital pays all expenses and makes a pro rata charge on an agreed scale to the Authorities concerned, the City's share during the year ending March 31st, 1926, being 55% of the total.

The scheme has now been in operation for several years with only minor modifications. It appears to be adequate and as far as clinic arrangements are concerned to require no material extensions.

It is difficult to estimate the amount of venereal disease existing in the City, but there is good reason to think that the publicity which has been given to the problem in recent years and the facilities for free treatment which have been offered, have led to a material diminution. Although this is a source of satisfaction, there are certain other aspects of the matter which must be kept in mind. Venereal Diseases are the cause of a very large amount of serious ill health and are indirectly responsible for many deaths. Every new case is a disaster which might have been avoided if it had not been for human carelessness or ignorance. The diseases are almost always curable without undue trouble if medical advice be followed. Legislation and public opinion, which both demand that other infectious diseases shall be kept under control, permit patients suffering from venereal diseases to transmit them to others almost with impunity. There seems, therefore, an imperative need for the better education of the community in regard to diseases which continue to be a serious menace only because of the asocial conduct of a minority of the population.

Clinic Statistics. The following is a summary of the more interesting figures for the last five years :

	1925.	1924.	1923.	1922.	1921.
Number of new patients	79	93	91	111	111
Total number of out-patient attendance	882	824	1591	1249	1763

*Average cost of each attendance	6/10½	8/2¼	10/10	9/4	7/3
Total number "In-patient days"	60	0	51	36	22
Number of doses of Salvarsan substitutes	268	128	230	306	390

Notes :—75% of cost is repaid by Government grant.

*Year ending 31st March, 1926.

All the above figures refer to Bath only.

For details as to number of pathological examinations made, see page 35.

A very small number of Bath patients treated at Clinics elsewhere are not included.

Medical practitioners are aware that treatment is available at the Royal United Hospital and readily co-operate in the work carried on there. Five practitioners are authorised to receive free supplies of arsenobenzol compounds under the Council's scheme. During 1925, however, only three applications were received. The number of pathological examinations undertaken for private practitioners was 20 (Wassermann, 17; for Gonococcus, 3.) These are included in the figures given on page 35. No action has been taken under the Venereal Diseases Act, 1917.

TUBERCULOSIS.

Tuberculosis is a disease which is always associated with a well recognised organism known as the Bacillus Tuberculosis. This fact is valuable as a guide to the measures which must be taken in our efforts to rid humanity of what is rightly considered to be one of the greatest scourges to which it is subject. It must never be forgotten, however, that in Tuberculosis more than in most diseases it is the constitution and environment of the individual which to a very large extent determines whether the assaults of the organism shall be comparatively harmless or rapidly fatal. It may be impossible completely to stamp out the bacillus, but it is probably quite within our power to avoid most of the evil effects which it now produces. To do this we must realise clearly that the various measures referred to below can only be fully effective if they are combined with improved social conditions and a higher standard of living. To mention three points only, there must, for example, be more adequate housing accommodation; more rational

ideas with regard to food ; and an atmosphere, the clearness of which is no longer obscured by unnecessary smoke.

Fortunately a great deal has already been done and it is possible to state that the death-rate has been more than halved during the last 30 years. It still remains true, however, that over 40,000 people succumb every year in England and Wales to this one disease.

Deaths. The number of deaths in Bath during 1925 was 63 (pulmonary, 47 ; non-pulmonary, 16). This gives a death-rate of 0·91 per 1,000 living, which is rather above our average for the last few years, but well below that of the country as a whole (about 1·06). These deaths are analysed on page 60 and comparisons with other years made on page 5.

Notifications. 86 new cases were notified during 1925. This again is a figure rather higher than that for the previous year, though it is considerably below the average of the last ten years. As I have previously pointed out neither the number of notifications, nor the death-rate, is a satisfactory measure of the amount of tuberculosis in a community, though hitherto we have been largely dependent on such figures in forming an estimate. In future an improved method of keeping records will enable us to say approximately how many sufferers surviving, but not yet pronounced cured are present in the City at any given time. The number is probably between 800 and 900.

Of the 86 cases, 72 were pulmonary and 14 non-pulmonary. An analysis according to age and sex is given on page 59.

Of the 72 pulmonary cases, 17 had died by 31st March, 1926, 8 within three months of notification. 24 were admitted to City beds at Sanatoria during the year, 22 to Winsley and 2 elsewhere. The housing conditions were very bad in 10 instances, unsatisfactory in 10, and fair or good in the others.

Fifteen (i.e., 25%) of the 59 patients who died in the City (there were four "inward transfers") had not previously been notified. 7 were pulmonary and 8 non-pulmonary cases. Enquiries were made in most cases and it was found that in two

the diagnosis was arrived at after post-mortem examination, and in five only a few days before death. In the remaining eight, no satisfactory explanation was available but further action was not considered necessary.

The Dispensary at 26, Charles Street is administered entirely by the Somerset County Council, one of whose Medical Officers attends every Monday and Friday. It is at the service of all City cases, insured and non-insured, and also for a few County patients living outside the boundary. The whole cost is charged to the City, except that in respect of County cases a pro rata deduction based on attendances is made. Attendances for 1925 were as follows:—

		Bath Patients.	County Patients.
New Cases	.. ..	153	40
Return Visits	.. ..	1763	343

Milk (and occasionally other food) is distributed to necessitous cases at the Council's expense.

The Tuberculosis Health Visitor, working exclusively for the City, has done good service in following up cases, advising them as to their home conditions, securing their attendance at the Dispensary, and helping in a variety of other ways. During the year she paid 1,416 effective visits, as well as being in regular attendance with the Medical Officer at the Dispensary.

Sanatorium Treatment. The Council has purchased and maintains 14 beds at the **Winsley** Sanatorium. This Institution, for cases of early pulmonary tuberculosis in adults is reserved almost exclusively for patients from Wiltshire, Bath and Bristol

In addition to this, eight beds are now available for children in institutions approved by the Ministry of Health for this purpose. Three or four of these are usually occupied by tuberculous cripples at the Combe Park Orthopaedic Hospital and the remainder for pulmonary cases elsewhere. During 1925, 38 patients were discharged from Winsley on completion of treatment and 7 patients had benefited by the children's scheme,

The Winsley patients were classified by the Medical Officer of that institution on discharge as follows :—

Fit for work	..	..	27
Improved	..	..	7
Not improved	..	..	4

No residential accommodation for cases of advanced tuberculosis is provided under the City scheme, but 2 special wards are set apart at the Guardians' Institution at Frome Road House for such patients. On the average about 8 beds were in occupation during 1925.

A scheme for the treatment of non-pulmonary tuberculosis in adults was under consideration during 1925 and received the sanction of the Ministry in 1926.

A certain number of patients suffering from tuberculosis are also treated at the Royal United Hospital.

No contribution is made through the Health Committee either to the Guardians or to the Hospital.

The Tuberculosis Voluntary Care Committee, which met regularly during the year, proved to be a valuable adjunct to other activities. Employment was found for several patients, assistance of other kinds given to many more, and successful educational propaganda work undertaken.

General Observations. There is close co-operation with the School Medical Department, and all school children suffering, or suspected to be suffering, from tuberculosis are referred to the Dispensary for consultation.

Medical practitioners in the City readily avail themselves of the facilities offered at the Dispensary and we gladly recognise that without their willing assistance the work would be far less effective than it is. Reports of the kind suggested in Memo. 286 are very seldom received from insurance practitioners.

Every case referred to the Dispensary is carefully followed up until a definite decision is reached in regard to the presence or absence of tuberculosis. Home contacts are being examined to an increasing extent, but the system is not yet as complete as we hope to make it in due course.

Special methods of diagnosis and treatment are adopted in suitable cases. For children, the Von Pirquet test has proved helpful where the symptoms were indefinite. There is no X-ray apparatus at the Dispensary, but if necessary that at the Royal United Hospital can be made available by arrangement. Ultra violet Rays were not employed during 1925, but a scheme for using the lamp at the Bathing Establishment was under consideration. If it is advisable for artificial pneumothorax to be induced, the patient is sent to Winsley for the purpose.

No dental treatment is provided for under the Council's scheme, but it is hoped to make a beginning in this matter in 1926.

The Council has one shelter for the use of patients. Owing to lack of garden accommodation, however, the opportunity of giving help in this way occurs less frequently than would at first be supposed.

Local arrangements for finding employment for patients are limited to those made by the Voluntary Care Committee.

The question of tuberculosis in connection with particular occupations is being investigated, but so far without any very definite results. It seems likely that industrial conditions of a specially detrimental nature are not common.

Action has not been necessary under the Public Health (Prevention of Tuberculosis) Regulations, 1925, since no notified cases of tuberculosis appear to be actively engaged in the milk trade. Section 62 of the Public Health Act, 1925, is similar to Section 158 of the Bath Corporation Act, 1925, since both give power to the Local Authority to enforce removal, under certain conditions, of acutely infectious cases of tuberculosis. Although no formal use has been made of this power, the knowledge that it was available was of definite value in at least two instances.

MATERNITY AND CHILD WELFARE.

Introductory. The Council's complete scheme for Maternity and Child Welfare includes an Ante-natal Clinic, the supervision of Midwives, a District Midwifery Service, a Maternity Home, a Health Visiting Department, Infant Welfare Centres, the

Provision of Milk to Mothers and Children, and a scheme for dealing with crippling defects. All these activities are directly or indirectly controlled by the Maternity and Child Welfare sub-committee of the Health Committee. Except in connection with the Supervision of Midwives, with Health Visitors and Orthopaedics, the work is carried on in close association with certain voluntary societies. The general plan is designed to ensure that freedom of action on the part of the societies shall be combined with adequate control by the Council of expenditure of money from the rates. Increasing proof of its value is obtained by the added experience of each year that passes.

The voluntary bodies concerned are the Bath Infant Welfare Association, with its three branches at Rosewell House, Walcot, and Twerton (Oldfield Park), and the Bath District Nursing Institute. At least one representative from each of these bodies is included among the six members co-opted by the Health Committee to serve on its Maternity and Child Welfare sub-Committee. Conversely the constitution of the Committees of the three Infant Welfare Centres and of the Nursing Institute is such that each includes three members chosen from, and directly representing, the Maternity sub-Committee. That part of the Council's work which is done by the Nursing Institute is largely in the hands of a sub-committee of the Institute, the Chairman of which is actually, though not officially, a member of the Council's Maternity sub-Committee. The Medical Officer of Health is in close touch with all the various activities and exercises general administrative supervision.

ANTE-NATAL CLINIC.

The importance of the ante-natal period in connection with maternity cases is now generally recognised and in many areas a great deal of thought is being devoted to the question of how best to safeguard the interests of mother and child during these months.

The City Ante-Natal Clinic, held on Monday afternoons at the Rivers Street Maternity Home, shewed very satisfactory evidence during 1925 of the increasingly useful part it is playing in connection with our Maternity and Child Welfare scheme. Dr. Thomas, who is in medical charge of the clinic, has kept full and

careful records, not only of the numbers attending, but of the nature and results of the work done. These will be of much value as a guide to future development. A few details are given below.

During the year 48 sessions were held, 262 new patients were seen, and a total of 514 attendances were made. In addition, the City Midwives paid 1,278 visits to the homes of expectant mothers.

By the end of the year, 203 of the 262 patients seen were able to have their names removed from the books :—

Confined at City Maternity Home	..	..	87
City Midwives cases confined	..	..	95
City Midwives cases not pregnant	..	..	5
Private Midwives cases	..	..	13
Admitted to Hospital for operation	..	..	2
Left Bath	..	..	1
			<hr/> 203 <hr/>

	1925.	1924.	1923.	1922.	1921.
Number of Sessions	48	51	51	52	52
New Cases	262	184	176	219	203
% of all Bath births	27	20	17	21	18
Total attendances ..	514	369	355	339	278
Home visits ..	1278	1229	1345	914	876

Approximately four-fifths of patients admitted to the Home and one-quarter of the City Midwives' cases had previously attended the Clinic. The proportion of women under the care of private midwives was much less, though some of these would doubtless have consulted their own doctors during the ante-natal period. It is probable that in spite of the very definite increase in the amount of work done in 1925 further development will be gradual, since mothers are not yet aware of the importance of the principles involved.

MIDWIVES.

The Local Supervising Authority under the Midwives Acts is the City Council which acts through its Maternity and Child Welfare sub-Committee.

During 1925 the number of midwives signifying their intention to practise in the City was 22. Three of them had been "in practice in 1901." Twelve worked solely in connection with public institutions.

The number of births attended by all midwives was 711. 6 attended more than 60 each and 10 less than 10 each. No doctor was present at 495 of the births. A doctor was previously engaged in 48 cases, and was called in owing to some emergency for the remaining 168. The total number of births notified during the year was 984 and of stillbirths, 34.

Altogether a doctor was called in under the Rules of the Central Midwives board on 190 occasions for various emergencies in connection with births and miscarriages. These emergencies may be grouped as follows:—

Ante-natal conditions	..	..	34
Complications of labour	..	..	103
Post-natal condition of mother	..	..	24
Unsatisfactory condition of child	..	..	29

Generally speaking a high level of efficiency is maintained by the midwives in Bath and no serious breach of rules has come to my notice during the year. Minor failures to comply with the rules arise from time to time and are dealt with by advice or warning.

City Midwives. Four midwives are employed by the Maternity

Department of the District Nursing Institute, for which the Council is financially responsible. During the year they attended 389 cases. As 111 mothers were confined at the Rivers Street Home, it is evident that the City Maternity Services were taken advantage of in connection with half the total births which occurred in Bath. Reasonable fees are charged to patients, except in a small number of cases where they are reduced or remitted on the ground of poverty.

Net subsidy required from rates:—

	1925	1924.	1923.
Year ending 31st March	£135	£223	£274

Midwifery Fees paid to Doctors under Section 14 of the Midwives Act, 1918. This Section (a) imposes a duty on midwives to send for medical aid when certain emergencies

arise, (b) requires the Authority, if asked to do so, to pay the fees of doctors so called in, and (c) allows the authority to recover such fees from the patient, unless satisfied that the patient is too poor to pay.

As it would be extremely difficult to recover fees, of this kind in court, it follows that honest people anxious to pay their debts are at a great disadvantage in comparison with their less scrupulous neighbours, who persistently ignore all requests for settlement. This is probably an inherent drawback to a provision which has had far reaching effects for good in connection with maternity work. It might of course be suggested that no effort should be made to reclaim in any case, but it is doubtful if this would be a reasonable procedure under present conditions. It would be more satisfactory if doctors were required to make their claims within a short and specified period after the service has been rendered. The liability incurred and the amount received from patients have been approximately as follows :—

	1925.	1924.	1923.	1922.	1921.
Liability incurred	£248	£172	£161	£154	£156
Repaid by patients	55	16	44	38	47

MATERNITY HOME.

A Maternity Home with five beds was opened in November, 1917, at 44, Rivers Street. The nursing arrangements are carried out under the supervision of the Matron of the Bath District Nursing Institute, subject to the control of a Committee of the Council. The Medical Officer of Health is the Medical Superintendent. By a suitable financial adjustment with the Nursing Institute, the whole of the deficit in the working expenses is borne by the City. Patients paying not less than 3½ guineas per week are not considered to be receiving any direct subsidy from rates and no statement of income is asked for. Smaller amounts are accepted if careful enquiry has shewn that remission of fee is justified. The Maternity and Child Welfare Committee is anxious to encourage the use of the Home by poorer members of the community for whom it was primarily intended, and sympathetic consideration is given to every applicant. Patients may arrange to be attended by their own doctor and in this case are themselves responsible for his charges,

The following figures will give an idea of the work done :—

	1925.	1924.	1923.	1922.	1921.
Number of cases admitted	111	99	114	129	131
Average stay in days ..	14·4	15·7	14·6	15·4	14·8
Average number in Home each day	4·4	4·3	4·5	5·4	5·25
Cases in which a doctor was engaged	18	19	20	24	27
Cases in which a doctor was called in	44	40	45	64	40
Percentage of total cost contributed by patient	42	45	59	55	50
Net cost to rates (year ending 31st March)	£277	£262	£161	£199	£229

HEALTH VISITORS.

There are three whole-time Health Visitors, each of whom has charge of one of the three districts into which the City is divided for this purpose. Each Visitor also attends at least once a week at one of the Infant Welfare Centres on the day allotted to the children from her area.

Home visits are paid towards the end of the second week after birth and repeated at gradually increasing intervals until school age is reached. The Visitors give much appreciated advice to mothers, note and report sanitary defects, weigh the babies, and endeavour to procure their attendance at the nearest Baby Clinic.

The arrangements with the Guardians in regard to their boarded out children referred to in my 1923 Report, continues to work satisfactorily. The Master of the Guardians' Institution kindly co-operates with me by informing me of the addresses to which infants discharged by him are proceeding.

The visits paid during 1925 were as follows :—

To children under 1 year ..	4678
To children between one and two ..	2174
To children over two	3073
Others	772
	<hr/>
	10697
	<hr/>

INFANT WELFARE CENTRES.

The close co-operation between the City Council and the Bath Infant Welfare Association has continued during 1925 and the previous high level of work has been well maintained.

Three Centres have been established, at Rosewell House, Walcot, and Twerton (Oldfield Park), and at these, four afternoon consultation clinics were held in each week. On each occasion one of the whole-time medical staff was present, together with Voluntary Helpers and one or two Health Visitors. The working expenses are paid, for the most part, by the City Council, but at Rosewell House and Walcot voluntary subscriptions are obtained which help very much in directions where the rates are not available. The Association publishes a special report each year. It would be impossible to carry on the work on our present lines without the constant and thoroughly appreciated assistance given by members of the Voluntary Association.

Some figures for 1925 are as follows :—

	Rosewell House.	Walcot. (Snow Hill.)	Oldfield Park. (Baptist Chapel)
Date opened	Nov., 1913.	Feb., 1918.	June, 1919.
Clinic afternoons	Tues. Fri.	Thurs.	Wednesday.
Number of Sessions	93	49	47
Attendances of Children	2780	1628	1302
New cases included in above ..	281	85	127
Average attendance of Infants per session	29·9	33·2	27·7

This table shews that there were 5,710 attendances at 189 sessions, an average of 30·2 per session. (In 1924, the figures were 5,837, 189 and 30·8).

There is no Day Nursery in Bath.

SUPPLY OF MILK TO NECESSITOUS MOTHERS AND CHILDREN.

Practically all milk is supplied through the Infant Welfare and Ante-Natal Clinics. Careful investigations into the financial circumstances of applicants are made, both at the Clinics and again at the Health Office. Almost the whole of the milk distributed was Grade A (Tuberculin Tested),

The following figures are of interest :—

	1925.	1924.	1923.	1922.	1921.
Average daily number of individuals receiving Milk	94	87	102	89	76
Free	92	86	100	87	65
Half-price	2	1	2	2	11
*Average daily number of "Free pints"	101	91	103	90	77
Average cost per day	30/7	26/11	29/8	24/3	27/3
Approximate cost for year ending 31st March following	£639	£516	£489	£510	£370

*i.e., counting $1\frac{1}{2}$ pints at half price as $\frac{3}{4}$ pint, and so on. Half the cost is repaid by Government grant.

Orthopaedics. Satisfactory arrangements have been made in connection with the Council's general Orthopaedic Scheme for the treatment of crippling defects in infants under school age. The scheme includes the provision of two beds at the Combe Park Orthopaedic Hospital and also out-patient treatment in the form of massage and remedial exercises at the Royal United Hospital. There is little doubt that early detection and adequate treatment of this type of defect may save many children from becoming permanent cripples. Experience in the School Medical Department shews that by the time a child reaches school age it may be too late to remedy defects which, had they been treated earlier, might have been cured or rendered far less disabling than in fact they are. A careful watch is kept both at the Infant Welfare Centres and by the Health Visitors for suitable cases, which, when found, are at once referred to the Orthopaedic Surgeon.

The following figures refer to non-tuberculous infants below school age dealt with under the Maternity and Child Welfare Scheme during 1925 :—

Patients receiving residential treatment at Combe Park	4
Attendances at After-care Clinic	.. 136
Attendances at Massage Clinic	.. 323

Maternal Mortality. In marked contrast to the Infant Mortality, the mortality of mothers in connection with child-birth has unfortunately shewn but little reduction in recent years.

About one confinement in 250 terminates fatally for the mother and some at least of the deaths involved should be avoidable with more knowledge and better methods. Our mortality in Bath over a five year period is that of the country at a whole, though during 1925 it was rather higher. Seven deaths occurred. Two were due to Puerperal Fever (see page 31), three to Placenta previa, one to pulmonary embolism, and one to eclampsia (with Caesarian section). Although no set scheme of investigation is being followed, careful enquiries are made in every case. On general principles one feels that ante-natal supervision would have lessened the number of deaths, but it was not possible to attribute any of them to want of reasonable care.

Infectious Diseases affecting infants under five

		Notifications.	Deaths.
Scarlet Fever	..	26	1
Diphtheria	..	9	2
Erysipelas	..	2	1
Poliomyelitis	..	1	1
Cerebro-spinal Fever		2	1
Pneumonia (Acute Primary)		2	1
Tuberculosis Respiratory			
System	.. ..	-	1
" Other " Tuberculosis	..	4	4
Ophthalmia Neonatorum		5	-
Measles	.. ..	-	6
Whooping Cough	..	-	1
Infective Enteritis	..	..	2

General Observations. A scheme for dental treatment of expectant and nursing mothers was under consideration.

It is hoped to complete the necessary arrangements during 1926.

The Voluntary Association has long desired facilities for sending selected mothers for a country or seaside holiday with their infants. Some of the £25 prize money awarded by the " Daily News " to the City for recording the greatest reduction in the death-rate of children aged 1 to 5 during the year 1924, when compared with the average for the 3 previous years, in towns of over 50,000 population was allocated to form the nucleus of a fund for this purpose.

The whole of the Maternity and Child Welfare scheme is closely co-ordinated with the School Medical Service, since, the Medical Staff is the same for both. The School Medical Department is at Rosewell House where two of the four baby clinic sessions in each week are held.

Provision is made in the Bath Corporation Act, 1925, for the Registration of Maternity Homes and the necessary arrangements were completed early in 1926.

HEALTH PROPAGANDA.

Generally speaking Health Committees and Sanitary Officers can be instrumental in improving the public health only in so far as the sanction and support of public opinion is obtained for the measures which are suggested. Legislation which is too advanced is useless because it cannot be enforced. The necessity for creating a social atmosphere in which reforms can be carried out is, therefore, essential to progress. This principal was formally and officially recognised by Section 67 of the Public Health Act, 1925, which makes it in order for local authorities to spend money in arranging "for the publication within their area of information on questions relating to health or disease and for the delivery of lectures and the display of pictures in which such questions are dealt with." What is now permitted will doubtless be required in due course, and it is clear that this important matter must receive careful attention in the future. A certain amount of such work has always been done in Bath and the best plan to pursue is probably one of gradual development. It should be pointed out, however, that the whole responsibility cannot be undertaken by the Health Committee—and still less by the medical staff. The co-operation of other bodies, together with the form-

ation of something in the nature of a Publicity Committee representing many different interests, is necessary.

It is perhaps of interest to add that lectures or addresses given during 1925, or the winter session 1925-26, by those connected with the Health and School Medical Departments include the following :—

<u>Speaker.</u>	<u>Subject.</u>	<u>Audience.</u>
Dr. Preston King	... Vaccination	... British Legion
Dr. Blackett	... Adolescence	... Alliance of Honour
„	... Midwifery	... Midwives Association
„	... Public Health and the Liberty of the Individual	... British Legion
„	... Public Health	... Friendly Soc's Council
„	... Some Enemies to Health (Lantern)	... Walcot Old Boys' Assn.
„	... Health Work of the City	... St. Luke's C.E.M.S.
„	... Humane Slaughtering	... Nat'al Coun. of Women
„	... Common Infectious Diseases	... Walcot Co-op. Women
„	... Lantern Lecture on Health...	... St. John Ambulance
„	... Birth Control and Surplus Population	... Women's Liberal Assn.
„	... Infant Welfare	... Bath Inf. Welfare Assn.
Dr. Thomas	... Mental Deficiency	... L'ng Acre Dom. Students
„	... Feeble Minded Children	... Bristol Univ. Settlement
„	... School Medical Service	... St. Luke's C.E.M.S.
Dr. Morley	... First Aid (4 lectures)	... St. John Ambulance
Dr. Williamson	... Venereal Diseases	... Oldfield Park Parents
Miss Greenall	... Maternity & Child Welfare...	... Venture Club
Miss Hodson	... Eugenics (2 lectures)	... Rosewell H. Vol. Helpers
Miss Axten	... Care of Baby	} Senior Girls of Elementary Schools
Mrs. Inman	... „	

SPECIAL REPORTS.

During the year Special Reports on the following, amongst other subjects, were submitted to the Health Committee :—

Cancer
Artificial Sunlight
Illegitimacy
Orthopædics.

ANNUAL REPORT

OF THE

CHIEF SANITARY INSPECTOR.

For the Year 1925.

In submitting a statement of Sanitary work carried out for the abatement of Nuisances, etc., during the year 1925, I have endeavoured to carry out the suggestions of the Ministry of Health and have summarised the particulars as far as practicable.

W. A. CRAVEN,
Chief Sanitary Inspector

SUMMARY OF SANITARY WORK Etc., 1925.

Number of inspections, re-inspections, visits of inquiry etc.	13896
,, ,, of Slaughter-houses 	2697
,, ,, ,, Butchers' Shops, Food Stores, &c.	1195
,, ,, ,, Offensive Trade Premises ..	109
,, ,, ,, Dairies, Cow-sheds, and Milk-shops	452
,, ,, ,, Common Lodging-houses ..	218
,, ,, ,, Canal Boats	29
,, ,, ,, Factories, Workshops, etc. ..	569
,, ,, ,, Out-workers' Premises ..	19
,, ,, under Rats & Mice (Destruction) Act, 1919	298
,, ,, ,, Shops' Acts	743
,, ,, ,, Increase of Rent, &c., Acts ..	4
,, ,, ,, Destructive Insects & Pests Acts ..	8
,, ,, ,, Places of Public Entertainment ..	72
,, ,, ,, Piggeries	85
,, of Smoke observations made 	43
,, ,, ,, nuisances abated	2

No. of Preliminary Notices served	342
„ Statutory Notices „	36
No. of Notices requiring cleansing of premises .	127
„ „ „ ash-bins to be provided ..	17
„ „ „ manure pits to be provided ..	9
„ „ „ removal of manure, &c. ..	25
„ „ „ lime-washing of Slaughter-houses	24
„ „ „ „ „ Dairies, &c. ..	96
„ „ „ „ „ Common Lodging houses	8
„ „ „ Closure of Cellar-dwellings ..	5
„ „ „ under the Destructive Insects & Pests Acts ..	8
„ smoke or other tests applied to drains	451
„ new drains laid	109
„ drains partially reconstructed	277
„ new W.C.s erected	71
„ additional W.C.s provided	12
„ defective drains, soil pipes, &c., remedied ..	288
„ nuisances from defective W.C.s and urinals abated	163
„ „ „ „ rain-water pipes, &c., do. ..	127
„ „ „ „ roofs, walls, &c. do. ..	593
„ „ „ „ dish-troughs, lavatories, &c. ..	72
„ „ „ „ waste pipes, &c. abated ..	84
„ „ „ „ paving and floors, do. ..	169
„ „ „ „ yards and outbuildings do ..	91
„ „ „ „ cess-pools do. ..	7
„ „ „ „ ventilation of premises do. ..	33
„ „ „ „ overcrowded premises do. ..	32
„ „ „ „ animals do. ..	38
„ „ „ „ in Common Lodging houses do. ..	7
„ „ „ „ in Slaughter-houses do. ..	7
„ „ „ „ in Dairies, &c. do. ..	11
„ „ „ „ in Factories, Workshops, &c. do. ..	77
„ Water storage cisterns abolished	9
„ Premises provided with proper water supply ..	18
„ Samples of water analysed	3
„ Premises, etc , disinfected after Infectious Disease ..	435
„ „ „ „ cleansed, lime-washed, etc.	142
Miscellaneous works not classified above	193

HOUSING.

Further statistics will be found on page 27

COMMON LODGING-HOUSES.

No of Common Lodging-houses on the Register	..	4
„ Lodgers accommodated nightly	..	119
„ Inspections of Premises	..	218
„ Notices to Limewash	..	8
„ Defects found and remedied	..	6

SLAUGHTER HOUSES.

	1920.	Jan. 1925.	Dec. 1925.
Registered	19	19	18
Licensed	2	3	3
	<hr/> 21	<hr/> 22	<hr/> 21
No. in regular use	..	..	20
No. of notifications of change of occupier	..	..	2
„ Inspections	..	..	2697
„ Notices to Lime-wash, &c.	..	..	24
„ „ remedy defects	..	..	7
No. closed or discontinued during the year	..	..	1
License renewed during the year	..	..	2

SALE OF FOOD AND DRUGS ACTS.

Under the above Acts 130 samples were submitted to the Public Analyst who certified 124 genuine and 6 adulterated.

The samples taken in previous years were :—1920—70 ; 1921—84 ; 1922—107 ; 1923—116 ; 1924—116.

The articles analysed were :—Baking Powder, 1 ; Butter, 28 ; Cheese, 1 ; Coffee, 3 ; Cream, 12 ; Flour, 4 ; Lard, 4 ; Margarine, 10 ; Milk, 63 ; Olive oil, 1 ; Pepper, 1 ; Self-raising flour, 1 ; Vinegar, 1. All the milks were free from artificial colouring and chemical preservatives.

Thirteen samples of butter contained Boric preservative but not in excess of the amount allowed, viz. 0.5 %.

Two lots of American apples were examined for the presence of Arsenic. The Analyst certified that “ the amount of lead and arsenic present was too small to cause injury.”

PUBLIC HEALTH (MILK AND CREAM) REGULATIONS, 1912.

Report for the Year ending 31st December, 1925.

(1) Cream not sold as Preserved Cream.

(a) No. of samples examined for the presence of a preservative. 3

(b) No. in which a preservative was reported to be present nil.

(2) Cream sold as Preserved Cream.

(a) Instances in which samples have been submitted for analysis to ascertain if the statements on the labels as to preservatives were correct :— 9

(1) Correct statements made 9

(2) Statements incorrect nil.

(3) Percentage of Preservatives found in each sample.

No. 1	Boric Acid	·28%	No. 5.	Boric Acid	·24%
" 2	" "	·08%	" 6.	" "	·18%
" 3	" "	·36%	" 7.	" "	·21%
" 4	" "	·04%	" 8.	" "	nil.
			9.	" "	nil.

Percentage stated on Statutory Label :—Boric acid not exceeding 0.5%

The milk fat ranged from 39.5 to 68.8 per cent. Average 57.3%

(3) Determination of milk fat in Cream sold as Preserved Cream—

(1) Above 35 per cent. 9

(2) Below 35 per cent Nil.

Determination of milk fat in Cream not sold as Preserved Cream :—

(1) Above 35 per cent 3

(2) Below 35 per cent Nil.

The milk fat ranged from 49.7% to 73.2%. Average 62.1%

All the samples were free from artificial thickening and colouring matter.

INCREASE OF RENT, &c. ACTS.

No. of applications for certificates received 4
 " " " withdrawn 4

CANAL BOATS' ACTS, 1877 and 1884.

No. of Canal Boats on the Register 55
 " " which cannot be traced 43
 " " in use or available (about) 12
 " " inspections and re-inspections 29
 " " infringements of Regulations Nil.

FACTORIES, WORKSHOPS and WORKPLACES.

No. of inspections—Factories 21
 " Workshops 395
 " Work-places 153

DEFECTS FOUND.

Want of Cleanliness 19
 " ventilation 4
 Over-crowding 1
 Drainage of floors 1

Unsuitable or defective sanitary accommodation	..	11
Insufficient sanitary accommodation ..	..	1
Not separate for sexes ..	..	1
Other nuisances ..	..	39
Notices of occupation received from H.M. Inspector	..	12
Notices of sanitary defects ..	..	10
Lists of Out-workers received ..	..	13
No. of Out-workers on lists ..	..	43

**LIST OF FOOD CONDEMNED AND DESTROYED AS BEING
DISEASED, UNSOUND, ETC. DURING THE YEAR. 1925.**

Meat		Weight in lbs.	Fish		Weight in lbs.
Beef (fresh) .. ..	..	6,739	Cod .. ..	..	504
Beef (refrigerated) ..	..	1,677	Codling (dried) ..	..	252
Mutton .. ..	..	180	Haddock .. ..	..	240
Mutton (refrigerated)	..	117	Herrings .. ..	..	98
Lamb .. ..	..	43	Kippers .. ..	..	168
Lamb (refrigerated)	..	32	Mixed Fish .. ..	..	224
Veal .. ..	..	165	Plaice .. ..	..	112
Pork .. ..	..	1,107	Pollack .. ..	..	60
			Prawns .. ..	..	56
Total Weight—		—————	Total Weight—		—————
4 tons, 6 cwts., 2 qrs., 12 lbs.		<u> </u>	15 cwts., 1 qr., 6 lbs.		<u> </u>

Miscellaneous Goods.		Weight in lbs.	Tinned Goods.		Number of Tins
Apples .. ..	..	1,703	Milk (condensed) ..	..	23
Apricots .. ..	..	68	Tinned Fruit .. ..	..	81
Broccoli (head)	..	240	Fish Paste .. ..	..	10
Cherries.. ..	..	120	Salmon .. ..	..	8
Potatoes.. ..	..	7,616	Sardines .. ..	..	14
Plums .. ..	..	500			
Pears .. ..	..	60			
Tomatoes .. ..	..	896			
Total Weight		—————	Total number of tins		—————
5 tons, 0 cwt., 0 qrs., 3 lbs.		<u> </u>	136		<u> </u>

Eggs ..	(No.)	360
Rabbits ..	..	22

CASES OF INFECTIOUS DISEASE NOTIFIED AND REMOVED TO HOSPITAL DURING THE YEAR 1925.

NOTIFIABLE DISEASES		CASES NOTIFIED AND CASES REMOVED																											
		At Ages — Years																											
		Under		1 to 2		2 to 3		3 to 4		4 to 5		5 to 10		10 to 15		15 to 20		20 to 25		25 to 35		35 to 45		45 to 55		55 to 65		65 & Over	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Diphtheria	19 27	I	I	3	...	3	...	8	9	3	3	4	I	2	...	2	3	2	3	2	3	2	3	2	3	2	3	2	I
Erysipelas	9 9	I	I	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever	112 149	I	2	I	...	6	6	5	438	41	37	50	12	8	6	8	5	16	2	8	4	...	...	...	...	...	...	...	...
Enteric Fever	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ophthalmia	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Neonatorum	3 2	3	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pneumonia	38 17	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Encephalitis Leth.	2 5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal Fever	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Acute Polio-Myelitis	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cerebro-Spinal Fever	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tuberculosis Pulmon.	31 41	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
“Other”	12 2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total Notified	228 258	7	5	I	3	6	3	7	9	6	453	535	I	58	16	19	10	17	18	36	22	23	17	15	9	6	5	7	...
Diphtheria	18 21	I	I	2	...	2	...	2	...	...	8	9	3	2	4	I	2	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever	86 118	I	I	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Cases	3 5	I	I	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total removed	107 144	3	I	2	2	2	2	I	5	9	3	436	41	30	43	12	10	7	10	5	14	2	5	4	...	...	...	...	...

†Excluding Patients from outside Area

NOTE.—A Summary of Statistics relating to Number of Notifications, Number of Deaths, Incidence and Death Rates of Infectious Diseases, will be found on page 5, an analysis of Deaths according to Age Periods on pages 60 & 61, and a further note in connection with the Notification of Tuberculosis on page 39.

CITY OF BATH.

Causes of, and Ages at, Death during the Year, ending 2nd January, 1926.

DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.

[illegible]

CAUSES.	Persons	M.	F.	5 to 10 to 15 to 20 to 25 to 35 to 45 to 55 to 60 to 65 to 75 to 80 to 85 to 85—																															
				— 1	1—2	2—5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 60	60 to 65	65 to 75	75 to 80	80 to 85	85—																
				M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F																
28 Pneumonia	22	12	10	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
29 Other Respiratory	5	4	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
30 Diarrhoea and Enteritis	6	3	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
31 Ulcer of Stomach or Duodenum	6	3	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
32 Appendicitis	5	4	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
33 Hernia & Obstruc.	4	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
34 Cirrhosis Liver	4	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
35 Peritonitis	2	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
36 Alcoholism	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
37 Nephritis	33	14	19	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
38 Diseases of Bladder	2	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
39 " Prostate	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
40 Puerperal Fever	2	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
41 Pregnancy and Parturition	5	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
42 Gangrene	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
43 Debility and Prematurity	30	19	11	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
44 Old Age	70	14	56	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
45 Violent Deaths	26	15	11	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
46 Suicide	14	7	7	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
47 Other defined dis.	89	41	48	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
48 Ill defined "	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total	965	413	552	30	19	5	4	5	8	12	5	7	3	5	1	9	8	13	17	25	27	41	43	29	25	40	38	95	136	44	66	31	82	22	69
Walcot North Ward	55	25	30	1															
Walcot South	75	31	44	2	2															
St. Michael	56	19	37	2	1															
Lansdown	89	24	65															
Weston	55	23	32	1															
Kingsmead	81	41	40	5	3															
St. James	84	33	51	3	1															
Bathwick	66	23	43	3	1															
Widcombe	60	29	31	2	3															
Westmoreland	79	36	43	4	2															
Oldfield	67	34	33	3	3															
Lyncombe	80	39	41	3	3															
Twerton East	55	24	31	2	2															
West	63	32	31	2	1															
Inward Transfers	52	23	29	4															
Outward transfers	139	86	53	7	2															
Public Inst. (Total)	385	216	169	19	3	4	2	6	3	4	4	5	6	2	3	4	6	15	7	20	19	38	16	15	6	18	11	35	36	18	14	8	22	5	8

BIRTHS, DEATHS UNDER 1 YEAR AND INFANTILE MORTALITY, 1925.

	Total			Legitimate			Illegitimate		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Births ...	468	502	970	450	480	930	18	22	40
Deaths (under 1 year) ...	30	19	49	28	19	47	2	—	2
Infantile Mortality ...	64	38	51	62	40	51	111	—	50

OPHTHALMIA NEONATORUM.

Cases.			Vision Unimpaired	Vision Impaired.	Total Blindness.	Deaths.
Notified	Treated					
	At Home	At Hosp.				
5*	I	4	4	I	...	...

*One of these infants died from causes other than Ophthalmia Neonatorum during the year.

SUMMARY OF METEOROLOGICAL OBSERVATIONS

Taken at 9 a.m. G.M.T. at Henrietta Park.

1925		Jan.	Feb.	Mar.	Apl.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Year
Temperatures	Mean	43.4	43.4	41.8	45.4	53.7	60.0	63.1	61.2	53.9	52.3	40.3	39.3	49.8
	Highest	55.5	55.0	56.2	61.8	74.2	86.0	82.5	78.2	69.8	70.0	61.1	57.9	86.0
	Date...	14	10	17	8	15	11	13	17	30	4	3	29	...
	Lowest	26.1	28.3	20.6	30.4	34.2	37.6	47.6	44.9	33.2	27.0	20.3	19.5	19.5
	Date	10	24	13	4	2	3	8	30	13	15	27	4	...
Humidity		86	83	75	74	74	64	74	79	77	84	83	86	78
Rainfall	Total in Inches	3.43	4.54	0.88	2.56	4.54	—	3.77	2.34	3.46	2.76	2.13	4.08	34.49
	No. Wet Days	19	21	9	20	20	—	15	15	16	14	13	22	184
	Mean of 60 Years	2.83	2.31	2.22	2.10	2.03	2.12	2.56	2.89	2.57	3.23	2.65	3.31	30.82
	Do. Wet Days	14	14	14	13	12	11	13	14	13	16	14	17	165
	Sunshine hours	41.4	72.8	100.6	145.2	163.2	309.4	197.5	147.6	143.1	96.2	84.1	50.5	1551.6
Do. Mean 20 Yrs.		50.2	76.8	111.1	165.0	202.7	194.7	204.1	182.9	152.0	103.5	65.4	40.5	1548.9

